

JC04 Rec'd PCT/PTO 05 OCT 2005

WEMMH/SB/21 (4/03)

**TRANSMITTAL
FORM**

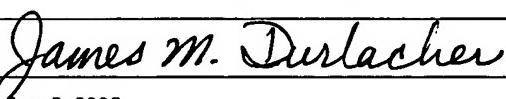
(to be used for all correspondence after initial filing)

		Application Number	10/546,629
		Filing Date	August 23, 2005
		First Named Inventor	Thomas BUCK
		Group Art Unit	
		Examiner Name	Not Yet Assigned
Total Number of Pages in this Submission	8	Attorney Docket Number	8310-5

ENCLOSURES (check all that apply)

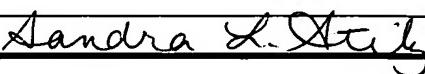
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Transmittal of Declaration of Inventors; Declaration & Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	
Date	October 5, 2005

Certificate of Mailing

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and is addressed to Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. on this date: October 5, 2005

Typed or printed name	Sandra L. Stilz		
Signature		Date	October 5, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:) Before the Examiner
)
Thomas BUCK) Not Yet Assigned
)
Serial No. 10/546,629) Group Art Unit _____
)
Filed August 23, 2005)
)
METHOD AND DEVICE FOR)
ULTRASOUND MEASUREMENT OF) October 5, 2005
BLOOD FLOW)

TRANSMITTAL OF DECLARATION OF INVENTORS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Box PCT

10/11/2005 LLANDGRA 00000041 10546629

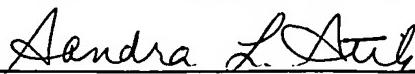
01 FC:2617 Sir: \$65.00 OP

On August 23, 2005, the above-identified patent application was filed by Express Mail (Receipt No. EV579027774US-see copy of returned postcard attached) with an unsigned Declaration. Applicants transmit herewith a fully executed Declaration, along with the small entity surcharge therefore of \$65.00 (37 CFR 1.492(e)) which is to be charged to a credit card. The credit card authorization is enclosed.

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Signature of person mailing paper or fee

No additional fees are believed to be due, but if any additional fees are deemed required, please charge such fees to Deposit Account No. 23-3030.

Respectfully submitted

By: James M. Durlacher
James M. Durlacher
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8310-5:JMD:#366380:ss

FEE TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

 Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$ 65.00)

Complete if Known

Application Number	10/546,629
Filing Date	August 23, 2005
First Named Inventor	Thomas BUCK
Group Art Unit	
Examiner Name	Not Yet Assigned
Attorney Docket Number	8310-5

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None Other (please identify): _____

Deposit Account: Deposit Account Number 23-3030 Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

See PTO 2038 Form

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION:

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Small Entity Fee (\$)
Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
*	- 20 or HP = *	x 50	= (\$ 0)	Fee
(HP = highest number of total claims paid for, if greater than 20)				<input type="checkbox"/> Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360 <input type="checkbox"/> \$ 0

* - 3 or HP = * x 200 = (\$ 0)

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = / 50	=	(round up to a whole number) x =	0	<input type="checkbox"/> Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification.

Other: Fee for late filing of Oath or Declaration \$65.00

SUBMITTED BY:

Name (Print/Type):	James M. Durlacher	Registration No.: (Attorney/Agent)	28,840	Telephone:	(317) 634-3456
Signature:	James M. Durlacher			Date:	October 5, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, on October 5, 2005

Name (Print/Type):	Sandra L. Stilz	Date:	October 5, 2005
Signature:	Sandra L. Stilz	Date:	October 5, 2005

Matter No./Case No. 8310-5 Initials/Date: 8:55 8/23/05

EV579027774US
IED IS HEREBY ACKNOWLEDGED
10/546629

- | | |
|--|---|
| <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Trademark <input type="checkbox"/> Copyright | <input type="checkbox"/> Application Spec.# _____ of pages |
| Serial No. _____ | <input checked="" type="checkbox"/> PTO Form 2038 (\$ <u>500</u>) Fee) |
| Applicant <u>Thomas BUCK</u> | <input checked="" type="checkbox"/> # <u>7</u> sheets of drawings FORMAL |
| "Method and Device for
ultrasound measurement
of Blood Flow" | <input checked="" type="checkbox"/> Declaration & Power of Attorney <u>unsigned</u> |
| <input checked="" type="checkbox"/> Copy of Int'l Appln. | <input type="checkbox"/> Assignment & Recordation cover sheet |
| <input checked="" type="checkbox"/> Copy of Int'l Publ w/Srch Rpt | <input checked="" type="checkbox"/> IDS w/# <u>4</u> enclosed references |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Transmittal Form/PTO Form <u>1390</u> |
| <input type="checkbox"/> | <input type="checkbox"/> Fee Transmittal/PTO Form _____ |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input checked="" type="checkbox"/> Amendment/ <u>Preliminary</u> |
| | <input type="checkbox"/> Request for Extension of Time |
| | <input type="checkbox"/> Statement of Use |
| | <input type="checkbox"/> Specimen(s) # _____ |

JCG7 Rec'd PCT/PTO 23 AUG 2005